

***Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT***

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

- ❖ Recognize the *diversity* of State approaches to SCHIP and allow States *flexibility* to highlight key accomplishments and progress of their SCHIP programs, **AND**
- ❖ Provide *consistency* across States in the structure, content, and format of the report, **AND**
- ❖ Build on data *already collected* by CMS quarterly enrollment and expenditure reports, **AND**
- ❖ Enhance *accessibility* of information to stakeholders on the achievements under Title XXI.

***Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER
TITLE XXI OF THE SOCIAL SECURITY ACT***

State/Territory: Wyoming
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

/s/
(Signature of Agency Head)

SCHIP Program Name(s): Wyoming Kid Care

SCHIP Program Type:
☐ Medicaid SCHIP Expansion Only
☒ Separate SCHIP Program Only
☐ Combination of the above

Reporting Period: Federal Fiscal Year 2001 (10/1/2000-9/30/2001)

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Submission Date: December 26, 2001

(Due to your CMS Regional Contact and Central Office Project Officer by January 1, 2002) Please cc Cynthia Pernice at NASHP (cpernice@nashp.org)

SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP program changes and progress during Federal fiscal year 2001 (September 30, 2000 to October 1, 2001).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 2000 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 2000, please enter "NC" for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

- A. Program eligibility -- Wyoming received approval from CMS to implement the second phase of its SCHIP program (Kid Care Plan C) which would have increased the program eligibility from 134% to 150% of the Federal Poverty Level. Unfortunately, Wyoming did not receive any bids from insurance companies to provide the health insurance to the eligible children. Therefore, the implementation of the second phase of the program has been suspended.
- B. Enrollment process – NC
- C. Presumptive eligibility – NC
- D. Continuous eligibility – NC
- E. Outreach/marketing campaigns – NC
- F. Eligibility determination process – NC
- G. Eligibility redetermination process – Wyoming is currently developing a new “renewal” form that is easier for families to read and understand. The new form should be available to families in 2002.
- H. Benefit structure – Kid Care Plan C’s benefits would have had a different structure then the benefits under Kid Care Plan B (Medicaid Look a Like), but because no bids were received from insurance companies this phase has been put on hold. The benefits were approved by CMS as “Secretary Approved”.
- I. Cost-sharing policies – Wyoming’s second phase of its SCHIP program (Kid Care Plan C) would have had small co-payments capped at \$200 per family per year, unlike the existing program (Kid Care Plan B)) which has no cost-sharing. Plan C has not been implemented because no bids were received from insurance companies.
- J. Crowd-out policies - NC
- K. Delivery system - NC
- L. Coordination with other programs (especially private insurance and Medicaid) – In April 2001, Wyoming’s Covering Kids completed a simplification project that aligned Wyoming’s Medicaid for Children program with Wyoming Kid Care. Wyoming’s Medicaid for Children program was brought under the “Kid Care

Umbrella” and re-named Kid Care Plan A. Those eligible for Medicaid for Children were also given 12 months continuous eligibility.

- M. Screen and enroll process - NC
- N. Application – In April 2001, a new “health only” application was released for use for Wyoming’s SCHIP program (Kid Care Plan B) as well as its Medicaid for Children program, Pregnant Women’s program and Section 1931. The new application is more user friendly and looks more like an insurance application.
- O. Other - NC

1.2 Please report how much progress has been made during FFY 2001 in reducing the number of uncovered low-income children.

- A. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2001. Describe the data source and method used to derive this information.

The number of uninsured, low-income children has decreased. From December 1999 to September 30, 2001, 3,021 uninsured children were enrolled into Wyoming Kid Care.

This data is derived from the Wyoming Department of Health’s Medicaid Management Information System. The SCHIP enrollment totals are from the implementation of Wyoming Kid Care in December 1999 through September 30, 2001.

- B. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.

As of September 31, 2001, 8,361 additional children have been enrolled into Medicaid as a result of outreach activities and enrollment simplification for Kid Care.

This data is derived from the Wyoming Department of Health’s Medicaid Management Information system. The Medicaid enrollment increase is estimated by subtracting the number of poverty level children enrolled since October 31, 1999, from the number of children enrolled as of September 30, 2001.

- C. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State. N/A

- D. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

 x No, skip to 1.3

 Yes, what is the new baseline?

What are the data source(s) and methodology used to make this estimate?

What was the justification for adopting a different methodology?

What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

1.3 Complete Table 1.3 to show what progress has been made during FFY 2001 toward achieving your State's strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

- Column 1: List your State's strategic objectives for your SCHIP program, as specified in your State Plan.
- Column 2: List the performance goals for each strategic objective.
- Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator and denominator). Please attach additional narrative if necessary.

Note: If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter "NC" (for no change) in column 3.

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives related to Reducing the Number of Uninsured Children		
Provide an application and enrollment process that is easy for targeted low-income families to understand and use.	a). Modify the current Medicaid application to be a user friendly application for poverty level Medicaid children and Kid Care children by December 1999. b). Ninety percent of parents or guardians of enrolled children will state the enrollment process is easy to understand and use.	Data Sources: a). A new Health Care application was developed and released for use in April 2001. The application looks like a health insurance application seen in the private industry and is more user friendly and easier to understand. b). A Kid Care Family survey was developed and is distributed to newly enrolled families 3 months after they are enrolled into Kid Care. Methodology: a). NC

The Kid Care Family Survey is currently being revised to include additional questions for families relating to access to care.

Wyoming Kid Care is also using Family survey's to track immunization for the second MMR and TD booster by age 13. Based on Kid Care family survey results as of March 2001, 28% of families responding have stated that their children have received their second MMR & TD booster by age 13. Wyoming Kid Care is currently revising the survey to allow families to better understand the nature of the immunization question as 43% of respondents did not answer the question in current surveys.

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.

NC

1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here.

NC

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage:

- A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out.
N/A
- B. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2001 (10/1/00 - 9/30/01)?
____ Number of adults
____ Number of children
N/A
- C. How do you monitor cost-effectiveness of family coverage?
N/A

2.2 Employer-sponsored insurance buy-in:

- A. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s).
Wyoming's buy-in program has not yet been implemented.
- B. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2001?
__0__ Number of adults
__0__ Number of children

2.3 Crowd-out:

- A. How do you define crowd-out in your SCHIP program?
Wyoming Kid Care defines crowd out as a family canceling their current private or employer based health insurance – voluntarily – to enroll in Wyoming Kid Care. Exceptions include families with insurance coverage out of state with no providers that accept the insurance in Wyoming.
- B. How do you monitor and measure whether crowd-out is occurring?
Crowd out is monitored and measured by data matches with insurance companies through the Wyoming Department of Health's Medicaid Management Information System. The Department of Family Services also verifies the insurance information provided on the application with the families employers if necessary.
- C. What have been the results of your analyses? Please summarize and attach any available reports or other documentation.

Wyoming has found that crowd-out is not occurring in its program. Because of the poverty level that Wyoming Kid Care serves (133% FPL), most of the children coming onto the program do not have prior insurance.

- D. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information.

At the 133% FPL that Wyoming Kid Care currently serves, crowd-out is not an issue as most of these families do not have any insurance to replace. Wyoming's policy on crowd out is that children enrolling into Wyoming Kid Care cannot have had prior insurance for at least 30 days prior to enrolling into the program.

2.4 Outreach:

- A. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?

The activities that have been found to be most effective in reaching Wyoming's low-income, uninsured children are: word of mouth and referral from other agencies and application sites such as DFS field offices, public health and through partnerships with public schools and health care providers. Newspaper ads and one to one contact remain the most effective forms of advertising in Wyoming's rural communities.

The effectiveness of outreach activities is measured by tracking how families heard about the program and correlating these responses to outreach events. The Kid Care Family Survey also asks families how they heard about Kid Care and where they got their application. The Department of Family Services continues to be where the majority of applications are received.

- B. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?

In Fremont County, a local project focuses on targeting children on the Wind River Indian Reservation, home to the Shoshone and Arapaho tribes.

The most effective outreach activity for Wyoming's Native American population is connecting with the parents by talking to them about the plans and helping them complete the application process one on one.

Effectiveness has been measured by comparing the number of applications completed and turned into the Department of Family Services for eligibility determination, with total enrollment numbers for Fremont County. The enrollment for Fremont County is at 154% of estimated eligible. Unfortunately, enrollment numbers are not broken down by ethnicity.

- C. Which methods best reached which populations? How have you measured effectiveness?

In data gathered through a Kid Care hotline, the Kid Care Family Survey and the Covering Kids Pilot project, Wyoming has found that a combination of all marketing and outreach efforts contribute to families learning about Kid Care and taking the steps to apply for coverage.

2.5 Retention:

- A. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP?

Wyoming Kid Care is working with the Department of Family Services and the Wyoming Office of Medicaid to re-design re-enrollment notices for children enrolled in Medicaid and Kid Care.

Wyoming Kid Care also has 12 months continuous eligibility, which helps children to stay enrolled in Kid Care. As of April 1, 2001 all children enrolled in Medicaid in Wyoming also have 12 months continuous eligibility.

Wyoming Kid Care also works with the Department of Family Services to review all closed cases to determine whether children were closed appropriately.

- B. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?

☒ Follow-up by caseworkers/outreach workers
☒ Renewal reminder notices to all families
☐ Targeted mailing to selected populations, specify population
☒ Information campaigns
☐ Simplification of re-enrollment process, please describe
☐ Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe
☐ Other, please explain

- C. Are the same measures being used in Medicaid as well? If not, please describe the differences.

Yes

- D. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?

The measures that Wyoming has found to be most effective in ensuring that eligible children stay enrolled are: Information Campaigns that remind families that they must re-enroll every 12 months and follow-up by case workers/outreach workers.

- E. What do you know about insurance coverage of those who dis-enroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information.

Wyoming is currently developing a survey to distribute to those families who do not re-enroll or who dis-enroll from Wyoming Kid Care to study the reasons why they are no longer on the program.

2.6 Coordination between SCHIP and Medicaid:

- A. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain.

Yes. Wyoming Kid Care and Medicaid use the same application and re-determination procedures. Prior to Wyoming's Simplification project in April 1, 2001, children enrolled in Medicaid had to provide proof of income and were re-determined every 6 months.

- B. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes.

The Department of Family Services Benefit Specialists automatically transfer children between Medicaid and Kid Care when their eligibility status changes.

- C. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

Yes. Wyoming Kid Care is a Medicaid Look a Like program so the delivery systems are the same as Medicaid.

2.7 Cost Sharing:

- A. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? N/A

- B. Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? If so, what have you found? N/A

2.8 Assessment and Monitoring of Quality of Care:

- A. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results.

Wyoming Kid Care sends out a Kid Care Family Survey to every family once their child has been enrolled in Kid Care for 3 months. Based on survey results as of March 2001, 89% of families that have responded have stated that their quality of care from Physicians was Good or Excellent and 87% have stated that their quality of care from Hospitals has been good or excellent.

- B. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?

Wyoming Kid Care uses its Kid Care Family Survey to monitor and assess the quality of care received by SCHIP enrollees.

- C. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available?

Wyoming plans to continue using its Kid Care Family Survey to monitor/assess the quality of care received by SCHIP enrollees. Families enrolled in Wyoming Kid Care have been very willing to respond and provide detailed information about their experiences.

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2001 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter "NA" for not applicable.

- A. Eligibility – N/A
- B. Outreach – Outreach for Wyoming Kid Care has been very successful. Wyoming's enrollment has exceeded the number of children projected eligible in the first 19 months of enrollment.
- C. Enrollment – During FFY 2001, Wyoming Kid Care reached its total enrollment goal of 2,987 children.
- D. Retention/disenrollment
- E. Benefit structure - NA
- F. Cost-sharing - NA
- G. Delivery system - NA
- H. Coordination with other programs – In April 2001, Wyoming completed a major simplification project that coordinated the Medicaid for Children program with Wyoming Kid Care by moving Medicaid under the Kid Care Umbrella and re-naming it Kid Care Plan A and allowing Medicaid eligible children to have 12 months continuous eligibility.
- I. Crowd-out - NA
- J. Other - NA

SECTION 4: PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

- 4.1 **Please complete Table 4.1 to provide your budget for FFY 2001, your current fiscal year budget, and FFY 2002-projected budget. Please describe in narrative any details of your planned use of funds.**

Note: Federal Fiscal Year 2000 starts 10/1/99 and ends 9/30/00).

	Federal Fiscal Year 2001 costs	Federal Fiscal Year 2002	Federal Fiscal Year 2003
Benefit Costs			
Insurance payments			
Managed care			
per member/per month rate X # of eligibles			
Fee for Service	2,256,224.34	3,935,018	3,972,800
Total Benefit Costs			
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs		3,935,018	3,972,800
Administration Costs			
Personnel	85,172	91,200	199,286
General administration	79,690	60,670	128,061
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/marketing costs			
Other			
Total Administration Costs	164,862	151,870	327,347
10% Administrative Cost Ceiling	250,692	437,224	441,422
Federal Share (multiplied by enhanced FMAP rate)	1,821,141	2,998,958	3,096,322
State Share	599,945	1,087,930	1,203,311
TOTAL PROGRAM COSTS	2,421,086	4,086,888	4,300,147

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2001. NA

4.3 What were the non-Federal sources of funds spent on your SCHIP program during FFY 2001?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations (such as United Way, sponsorship)
- ☐ Other (specify)

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures.

No Changes anticipated.

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Program Name		Wyoming Kid Care
Provides presumptive eligibility for children	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, for whom and how long?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?
Provides retroactive eligibility	<input type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, for whom and how long? For all SCHIP eligible children – retroactive to beginning of the month in which they are made eligible for the program.
Makes eligibility determination	<input type="checkbox"/> State Medicaid eligibility staff <input type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input type="checkbox"/> Other (specify)	<input type="checkbox"/> State Medicaid eligibility staff <input type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input checked="" type="checkbox"/> Other (specify) <u>Department of Family Services</u>
Average length of stay on program	Specify months	Specify months <u>12 months</u>
Has joint application for Medicaid and SCHIP	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Has a mail-in application	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Can apply for program over phone	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Can apply for program over internet	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Requires face-to-face interview during initial application	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months What exemptions do you provide?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify number of months What exemptions do you provide? Children must be uninsured for 30 days prior. Exceptions allowed are if a family involuntarily loses their insurance through a change in employment or disability. Families that have insurance coverage outside the state that does not provide coverage within the state are also exempted.

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Provides period of continuous coverage <u>regardless of income changes</u>	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months Explain circumstances when a child would lose eligibility during the time period	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify number of months Explain circumstances when a child would lose eligibility during the time period Children have 12 months continuous eligibility. Children that turn 19, move out of state or enter an institution will lose coverage during the 12 month eligibility period.
Imposes premiums or enrollment fees	<input type="checkbox"/> No <input type="checkbox"/> Yes, how much? Who Can Pay? <input type="checkbox"/> Employer <input type="checkbox"/> Family <input type="checkbox"/> Absent parent <input type="checkbox"/> Private donations/sponsorship <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, how much? Who Can Pay? <input type="checkbox"/> Employer <input type="checkbox"/> Family <input type="checkbox"/> Absent parent <input type="checkbox"/> Private donations/sponsorship <input type="checkbox"/> Other (specify)
Imposes copayments or coinsurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Provides preprinted redetermination process	<input type="checkbox"/> No <input type="checkbox"/> Yes, we send out form to family with their information precompleted and: <input type="checkbox"/> ask for a signed confirmation that information is still correct <input type="checkbox"/> do not request response unless income or other circumstances have changed	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, we send out form to family with their information and: <input checked="" type="checkbox"/> ask for a signed confirmation that information is still correct <input type="checkbox"/> do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.

Children enrolled in Wyoming Kid Care are sent a re-determination form 30 days prior to their re-enrollment date. The form is pre-printed with the information that they provided at the time of application. Families are asked to review the information, make any necessary changes and return it to the Department of Family Services.

With the application process, families complete the Health Care application and submit it to the Department of Family Services to determine eligibility.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1 As of September 30, 2001, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group?

If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

**Title XIX Child Poverty-related Groups or
Section 1931-whichever category is higher**

133% of FPL for children under age 6

100% of FPL for children aged 6 through 18

____ % of FPL for children aged _____

Medicaid SCHIP Expansion

____ % of FPL for children aged _____

____ % of FPL for children aged _____

____ % of FPL for children aged _____

Separate SCHIP Program

133% of FPL for children aged 6 through 18

____ % of FPL for children aged _____

____ % of FPL for children aged _____

6.2 As of September 30, 2001, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income? Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter "NA".

Do rules differ for applicants and recipients (or between initial enrollment and redetermination)

____ Yes ☒ No

If yes, please report rules for applicants (initial enrollment).

Table 6.2			
	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	Separate SCHIP Program
Earnings	\$400 if married and one parent working \$200 if single parent and working	\$	\$400 if married and one parent working \$200 if single parent and working
Self-employment expenses	25% of gross annual income + \$400 or \$200 based on	\$	25% of gross annual income + \$400 or \$200 based on family structure
Alimony payments Received	\$n/a	\$	\$ n/a
Paid	\$n/a	\$	\$ n/a
Child support payments Received	\$50	\$	\$ 50
Paid	\$n/a	\$	\$n/a
Child care expenses	\$n/a	\$	\$n/a
Medical care expenses	\$n/a	\$	\$n/a
Gifts	\$n/a	\$	\$n/a
Other types of disregards/deductions (specify)	\$n/a	\$	\$n/a

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups

☒ No ☐ Yes, specify countable or allowable level of asset test _____

Medicaid SCHIP Expansion program

☐ No ☐ Yes, specify countable or allowable level of asset test _____

Separate SCHIP program

☒ No ☐ Yes, specify countable or allowable level of asset test _____

Other SCHIP program _____

☐ No ☐ Yes, specify countable or allowable level of asset test _____

6.4 Have any of the eligibility rules changed since September 30, 2001?

☐ Yes ☒ No

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2001(10/1/00 through 9/30/01)? Please comment on why the changes are planned.

- A. Family coverage - NA
- B. Employer sponsored insurance buy-in – NA
- C. 1115 waiver - NA
- D. Eligibility including presumptive and continuous eligibility - NA
- E. Outreach - NA
- F. Enrollment/redetermination process – The renewal form used for Wyoming Kid Care and Medicaid children is currently being revised so the form will be easier to read and understand. The new form should be available to families in 2002.
- G. Contracting
- H. Other